

Odiss MORAN
 PLAINTIFF/PETITIONER/MOVANT'S NAME
J10370
 PRISON NUMBER
CALIFORNIA Medical Facility
 PLACE OF CONFINEMENT
PO BOX 2000 VACAVILLE CA, 95696
 ADDRESS

FILING FEE PAID	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IF MOTION FILED	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMESSENT TO	
Court <input type="checkbox"/>	ProSe <input checked="" type="checkbox"/>

FILED
AUG 25 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY <u>KM</u> DEPUTY

**United States District Court
 Southern District Of California**

'08 CV 1569 JM BLM

Odiss MORAN
 Plaintiff/Petitioner/Movant
 v.
Mike Knowles
 Defendant/Respondent

Civil No. S 155 946
 (TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, _____
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration "CMF" CALIFORNIA Medical Facility

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Moran Odis Hardin
(NAME OF INMATE)

J 10370

(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at
California Medical Facility
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

05/21/08

DATE

Quinaca

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Lorna Quinaca

OFFICER'S FULL NAME (PRINTED)

MTA

OFFICER'S TITLE/RANK

REPORT ID: TS3030 .701

REPORT DATE: 05/21/08

PAGE NO:

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CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA MEDICAL FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 21, 2007 THRU MAY 21, 2008

ACCOUNT NUMBER : J10370

BED/CELL NUMBER: MIJ100000000144U

ACCOUNT NAME : MORAN, ODIS HARDIN

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY: B. ACCA
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

0.00